



METROPOLITAN DEVELOPMENT COMMISSION
PLAT COMMITTEE
OF MARION COUNTY, INDIANA

Docket No:

DMD use only

◆ PETITION FOR PLAT APPROVAL ◆

Please complete legibly.

Address of Subject Property:

Proposed Name of Subdivision:

Petitioner(s) Name:

Phone:

Address:

FAX:

Zip Code:

Email:

Owner(s) Name:

Phone:

Address:

FAX:

Zip Code:

Email:

Registered Land Surveyor who prepared the plat:

Phone:

Address:

FAX:

Zip Code:

Email:

Legal Description of Subdivision or Resubdivision boundaries: *(to be attached)*

Section:

Township:

Range:

Tax Parcel Numbers:

Acreage:

Number of Lots:

Township(s):

Current Zoning Classification(s):

To be platted as:

classification

Metropolitan Development Commission Rezoning petition docket number:

Is the **Cluster option** of the Dwelling Districts Zoning Ordinance utilized (yes or no)?:

Is any part of the subdivision within 500 feet of a park, parkway, boulevard (yes or no)?:

Total length of any new streets to be dedicated to public use:

Continued

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Brief Description of **proposed improvements** for:

Streets: _____
Storm Drainage: _____ :
Sanitary System: _____
Utilities: _____

Specify any **Modifications or Waivers** of the Subdivision Control Ordinance requested for the subdivision plan. Attached additional pages or documentation if necessary.

Oath: The undersigned hereby applies for final plat approval of the following described subdivision or resubdivision. Further, the undersigned is the owner of the real estate included in said subdivision or resubdivision. The undersigned, having been duly sworn, upon oath, says that the above information, to their knowledge and belief, is true and correct and that the undersigned agrees to comply with all applicable requirements of the Subdivision Control Ordinance of Marion County, Indiana, as amended.

Signature(s) of Petitioner(s)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this
_____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public
My Commission expires: _____
My County of residence: _____

Signature(s) of Owner(s) (if different than petitioner)

STATE OF INDIANA,
COUNTY OF MARION, SS:
Subscribed and sworn to before me this
_____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public
My Commission expires: _____
My County of residence: _____